



Name: _____

Date: _____

Address: _____

Phone: _____

We hereby submit the accounts listed below for collection with Credit Bureau of the South, Inc..

AUTHORIZED BY: _____

TITLE: _____

Account No: _____ Responsible Party Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ SS#: _____

Employer & Phone: _____

Spouse: _____ Patient Name: _____

Date of last Pmt: _____ Date of last charge: _____

Amount \$: _____

Additional

Info: _____

Account No: _____ Responsible Party Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ SS#: _____

Employer & Phone: _____

Spouse: _____ Patient Name: _____

Date of last Pmt: _____ Date of last charge: _____

Amount \$: _____

Additional

Info: _____

Account No: _____ Responsible Party Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ SS#: _____

Employer & Phone: _____

Spouse: _____ Patient Name: _____

Date of last Pmt: _____ Date of last charge: _____

Amount \$: _____

Additional

Info: _____

It is very important that payments are reported to our office promptly so that we can update credit files in a timely manner. Thank you for your business.